

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original	
	1			31	8	28	91			151	
	2			32	9	39	92			152	
	3			33	10	40	93			153	
	4			34	11	(41)	94			154	
	5			35	12	42	95			155	
	6			36	13	43	96			156	
	7			37	14	44	97			157	
	8			38	15	45	98			158	
	9			39	(16)	(46)	99			159	
	10			40	17		100			160	
	11			41	18		101			161	
	12			42	19		102			162	
	13			43	20		103			163	
	14			44	21		104			164	
	15			45	22		105			165	
	16			46	23		106			166	
	17			47	24		107			167	
	18			48	25		108			168	
	19			49	26		109			169	
	20			50	27		110			170	
	21			51	28		111			171	
	22			52	29		112			172	
	23			53	30		113			173	
	24	(1)		54	(31)		114			174	
	25	2		55	32		115			175	
	26	3		56	33		116			176	
	27	4		57	34		117			177	
	28	5		58	35		118			178	
	29	6		59	36		119			179	
	30	7		60	37		120			180	
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